

## **Communications Regarding HCBS Settings Rules**

On March 17, 2014, the Centers for Medicare and Medicaid Services (CMS) issued new regulations with additional requirements for Medicaid-funded home and community-based services, including Medicaid 1115 waiver programs providing such services. Providers must comply with the new rules by March 17, 2019. As part of the transition to the new rules, the Health and Human Services Commission (HHSC) and the Department of Aging and Disability Services (DADS) are assessing current services and practices. Part of that project is a self-assessment of residential service providers. The new rules specifically apply to services provided in a setting other than the individual's own home or family home. For STAR+PLUS, this includes services provided in an assisted living facility or adult foster care setting. Organizations providing 24-hour residential services (assisted living or **adult** foster care) to individuals enrolled in the Home and Community-Based Services (HCBS) STAR+PLUS waiver, must complete a survey for each provider-operated residence/site. Participation in the assessment is required and is NOT anonymous, as it is used to determine compliance with the rules.

If a facility has not responded by September 16, 2016, that facility will be deemed to be non-compliant and will be included in a mandatory remediation plan. The facility may also be subject to corrective action, up to and including loss of payment. These actions may be taken as soon as current policy allows, following September 16.

Medicaid managed care organizations (MCOs) must inform providers about the new HCBS rules, including information about where providers should submit questions. Questions should be sent to [MCD\\_managed\\_care\\_quality@hhsc.state.tx.us](mailto:MCD_managed_care_quality@hhsc.state.tx.us) with subject line "HCBS Settings <provider name>."